According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for [illegible] unless accompanied by a health certificate executed and [illegible] 43.9; CFR, Subchapter A, Part 2).

ONLY ONE SPECIES PER FORM

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)

☐ Dog ☐ Cat ☐ Other_____

☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

LEAVE BLANK

3. TOTAL NUMBER OF ANIMALS

SELF EXPLANATORY SHOULD MATCH BOX 7

4. PAGE

1 OF ____

ADD ALL CERTIFICATE PGS

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)

SELF EXPLANATORY

USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)

SELF EXPLANATORY

LIST THE COMPLETE ADDRESS; IF ADDRESS NOT KNOWN AT A MINIMUM THE COUNTRY OF DESTINATION NEEDS TO BE ENTERED HERE

CHECK BOX CORRESPONDING TO VALIDITY OF VACCINE AS ON RV CERT

7. ANIMAL IDENTIFICATION

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

INDICATE Y,M,W

PLEASE PUT NAME AND MICROCHIP OR OTHER ID HERE

INFO IN BOX 7 MUST MATCH RABIES CERTIFICATES

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION

☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	Date	Product Type and/or Results

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

MUST MATCH RABIES CERTIFICATE; PROVIDE RV CERT FOR EACH VACCINE LISTED HERE

LIST VACCINES AND/OR TESTS REQUIRED BY THE SPECIFIC COUNTRY. TEST RESULTS (i.e. FAVN) SHOULD HAVE DATE BLOOD DRAWN LISTED.

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

ANY ADDITIONAL STATEMENTS REQUIRED BY THE SPECIFIC COUNTRY MAY BE ENTERED HERE.

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made (**"X"** applicable statements).

☐ I have verified the presence of the microchip, if a microchip is listed in box 7.

☐ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☐ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

LEAVE BLANK - USDA PERSONNEL WILL COMPLETE

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

FULL NAME, ADDRESS, AND TELEPHONE NUMBER

NOTE: International shipments may require certification by an accredited veterinarian.

LICENSE NUMBER AND STATE

Accredited ☐ **Yes** ☐ **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here*

BLANK

DATE

BLANK

SIGNATURE OF ISSUING VETERINARIAN

PREFERABLY IN BLUE INK

DATE

OF EXAM

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

SOME AIRLINES REQUIRE THIS FORM TO BE SIGNED WITHIN 10 DAYS. THE 10 DAY COUNT STARTS ON THE DAY THE ISSUING VET SIGNS THE FORM.